

WE NEED THIS INFORMATION BEFORE THE FIRST OF THE YEAR.
PLEASE EMAIL, MAIL OR BRING BACK TO THE LEGACY CENTER. THANK YOU!

The Lehi Legacy Center 123 N Center Street Lehi, UT 84043

ahavea@lehi-ut.gov

Ski and Snowboard Student Information 2017

First Name: _____ Last Name: _____

Age: _____

- Please mark which program you will be participating in.

Skiing ☐

Snowboarding ☐

- Please mark what level best describes you.

Level 0 (Never been) ☐

Level 1 (Been a few times) ☐

Level 2 (Frequent skier/snowboarder) ☐

Level 3 (comfortable on Black Diamonds) ☐

EMERGENCY CONTACT INFORMATION

PATIENT INFORMATION				
First Name:		Last Name:		Date:
Age:	Height:	Weight:		
Home Address:	Mailing Address:	Home #:	Cell #:	
EMERGENCY CONTACTS				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	
MEDICAL CONDITIONS IF ANY				
1.	2.	3.		
ALLERGIES TO MEDICATIONS IF ANY				
MEDICATION		REACTION		

****Information will only be used in emergency****

